FACULTY OBSERVATION FORM

Evaluation of: Se	emester:					
Department:	_	-				
Evaluator:	Position:					
Knowledge, Skill and Ability as a Cour			Satisfactory or Better	Needs Improvement	Unsatisfactory	Not Observed (NO) Not Applicable (NA)
Maintains a focused counseling session/prese	entation/group work	kshop				
Comments:						
2. Prioritizes student's concerns and establishes	s tasks to be covered	d				
Comments:						
3. Uses allotted session time appropriately						
Comments:						
4. Adheres to daily work schedule						
Comments:						
5. Communicates clearly and effectively with s	tudents					
Comments:						
 Adapts style of communication to student's of ability, awareness of educational processes, i 						
Comments:						
7. Demonstrates active listening skills						
Comments:						
8. Consults effectively with colleagues as neces	ssary					
Comments:						

9. Assesses and defines student's current academic, personal and career needs to					
facilitate a productive counseling session					
Comments:					
10. Uses electronic counseling tools and resources effectively					
Comments:					
11. Demonstrates current knowledge of academic options and requirements	T		1		
Comments:					
Comments.					
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12. Demonstrates current knowledge of polices and procedures affecting students					
Comments:					
13. Investigates answers to student inquiries and/or directs students to appropriate					
sources of information					
Comments:					
14. Sets boundaries with students as necessary					
Comments:					
15. Sets a welcoming tone when meeting students					
Comments:					
16. Creates a non-judgmental environment of trust, respect and sensitivity to all					
backgrounds					
Comments:					
17. Shows genuine interest in student's questions and concerns					
Comments:					
18. Validates/confirms student's understanding of issues addressed in session					
Comments:					
19. Concludes session by providing opportunity to follow-up as necessary	T		1		
Comments:					
Comments.					

Additional comment:	
Date(s) of Visit:	
Length of visit: Course (if applicable):	
Conference Date:	
Conference Butc.	
Evaluator's Signature:	_
Evaluatee's Signature:	

Faculty member's signature does not necessarily imply agreement. It is merely an acknowledgement that the complete report has been read and a copy received.